

Name
in Full

Walter Bolden

CERTIFICATE OF DEATH

Died at *near Eadsville* Town *Kent* County *MARYLAND*

Date of death *1904* Month *Nov* Day *1* Age *60* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Virginia*

Occupation *Laborer* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *Julia Bee*

Father's Name *Not Known* Father's Birthplace *Va.*

Mother's Maiden Name *Not Known* Mother's Birthplace *Va.*

Name of person giving Information *Florence Right-* How related to deceased *Son*

CAUSES OF DEATH

Primary *Dropsy* How long *3 months*

Immediate *Exhaustion* How long *One day*

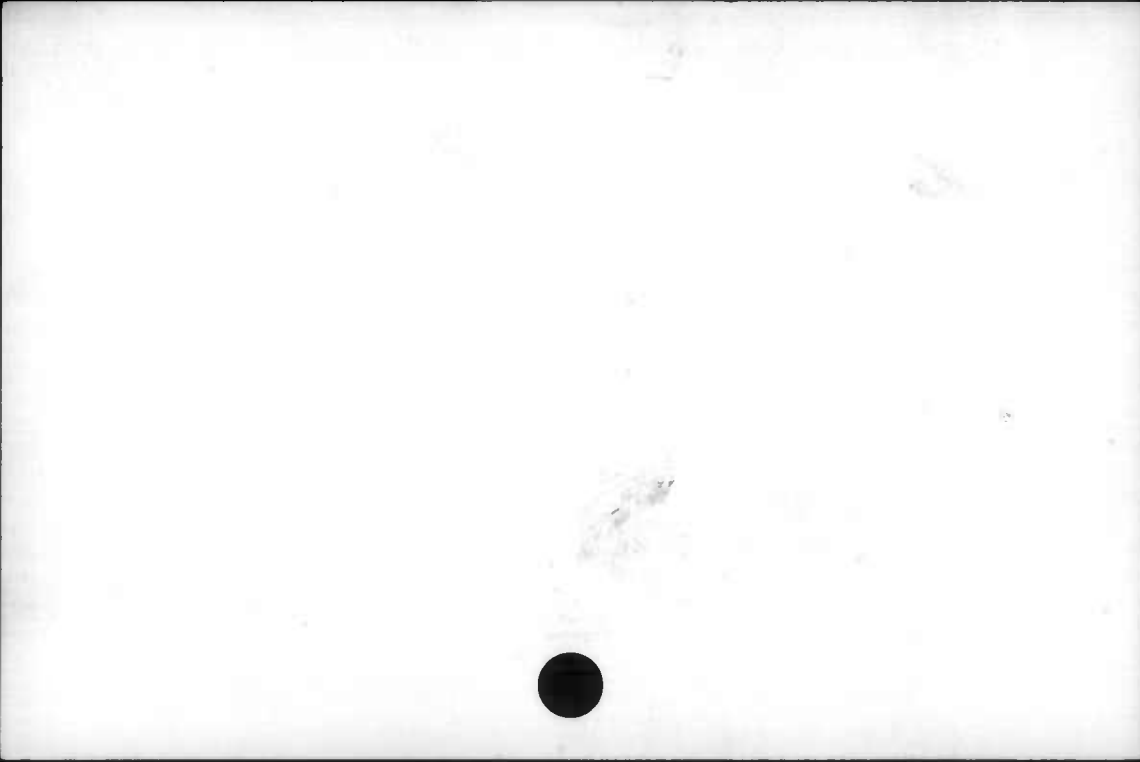
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Walter J. Kelly M.D.*

Address *Rock Hall Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

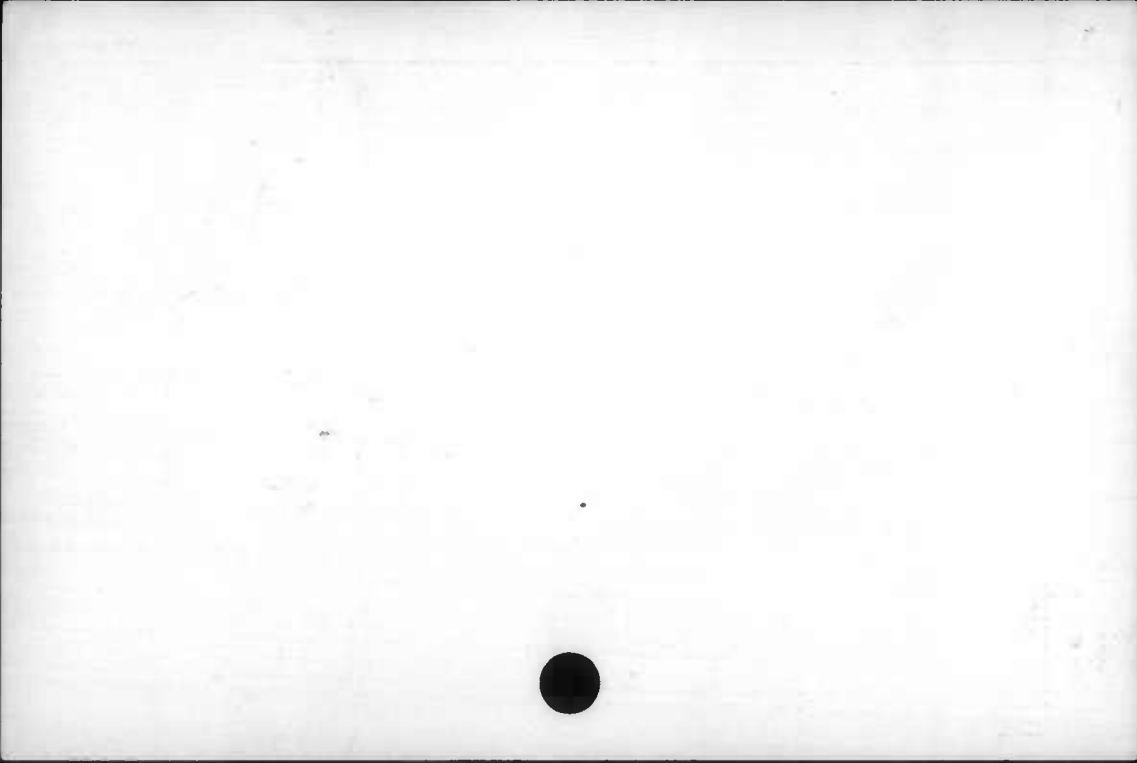
Name <i>John Cummins Brice</i>		Town <i>New Galena</i>		County <i>Kent</i>		MARYLAND	
Died at <i>New Galena</i>		Month <i>Nov.</i>		Day <i>3</i>		Years <i>62</i>	
Date of death <i>1909</i>		Months <i>7</i>		Days <i>19</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Kent Co., Md.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death _____			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Agnes Griffith</i>					
Father's Name <i>William A Brice</i>		Father's Birthplace <i>Kent Co., Md.</i>					
Mother's Maiden Name <i>Mary A. Cummins</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>Agnes Brice</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

159

PHYSICIAN
OR CORONER

Primary <i>Gun shot</i>		How long _____	
Immediate <i>Destruction of brain & hemorrhage</i>		How long _____	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward A. Scott,</i>	
		Address <i>Galena, Maryland.</i>	
Accident or Suicide <i>Suicide</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		11	5 th	42		7	10
Sex		Color or Race		Birth-place			
Male		White		Chester town			
Occupation				Where Residing if not at place of death			
				Chester town			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
Unknown				Chester town			
Father's Name		Mother's Maiden Name		Mother's Birthplace			
Hos Carmichael		Alphonsa Shepard		126 th			
Name of person giving Information		How related to deceased					
Alphonsa Carmichael		Mother					

CAUSES OF DEATH

Primary	Phthisis Pulmonalis	How long	27
Immediate	Phthisis Pulmonalis	How long	Six months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		H. Zenge Simmons	
		Address	
		Chester town Md.	
Accident or Suicide			

PHYSICIAN
OR CORNER

From after

Richard Bodg

Inakerneak

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

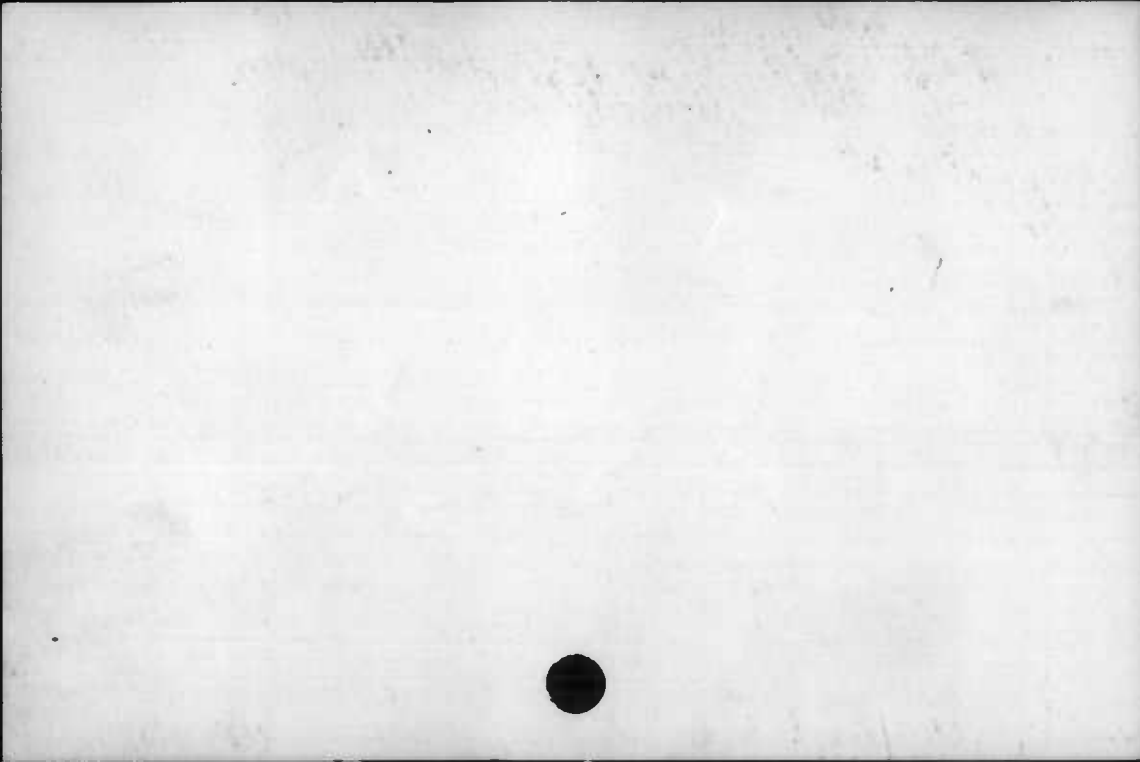
Died at <i>Brown</i> Town		<i>Kent</i> County		MARYLAND	
Date of death <i>1909</i>	Month <i>November</i>	Day <i>22</i>	Age <i>17</i>		
Sex <i>Female</i>	Color or Race <i>lolo</i>		Birth-place <i>Morgins cri</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Lissy Corse</i>				
Father's Name <i>Jhn Corse</i>	Father's Birthplace <i>Queenane</i>				
Mother's Maiden Name <i>Mollie Starkie</i>	Mother's Birthplace <i>Queenane</i>				
Name of person giving information <i>Mollie Starkie</i>			How related to deceased <i>Mollie</i>		

CAUSES OF DEATH

94

PHYSICIAN
OR CORONER

Primary <i>Chronic Pleuritis</i>	How long <i>10 months</i>
Immediate <i>Exhaustion</i>	How long <i>every since first</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas W. O'Brien</i>
	Address <i>Kennedyville Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Arnold Monroe Crew

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Worton Town Heath County MARYLAND

Date of death 1909 Nov Month 22 Day Age 1 Years Months Days

Sex Male Color or Race White Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Leonard Crew Father's Birthplace Ind

Mother's Maiden Name Emma Simpson Mother's Birthplace Ind

Name of person giving Information John E Crew How related to deceased Wife

CAUSES OF DEATH

145

PHYSICIAN
OR CORONER

Primary Acute eczema How long 2 weeks

Immediate Concomitant How long one day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. G. Simpson

Address Chattanooga Ind

Accident or Suicide No

Hicks

Still Pond

Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at

Marie Davis
Town

County

Kent

Date

of death

1909 Nov 21
Month Day

Age

Years

Months

Days

3 - 0

Sex

Female

Color or
Race

White

Birth-
place

Hanesville

Occupation

Infant

Where Residing if not
at place of death

at home

Married, Single
or Widowed

Infant

Name of Wife or
Husband

Father's
Name

Joshua Davis

Father's
Birthplace

Kent Co.

Mother's
Maiden Name

Susie Holdson

Mother's
Birthplace

Kent Co.

Name of person giving
Information

Robt Holdson

How related
to deceased

Longfather

CAUSES OF DEATH

179

Primary

Marasmus

How long

all life

Immediate

1

How long

all life

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

H. B. Simmons

Address

Chester Town Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles L. Dodge

St James Cemetery

Mont Co Ind

He is buried -

at Monteville

They were buried by
Carr Co.

From an inventory
after 20 years.

at Monteville -

Robert Clark Cemetery

C. L. Dodge

Monteville

Name
in
Full

Infant Henry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Nov	7	Age	—	6 hrs	
Sex	Male		Color or Race	Col		Birth-place	Ind
Occupation	—		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Geo Henry				Father's Birthplace	
Mother's Maiden Name		Annie H. Adams				Mother's Birthplace	
Name of person giving Information		Father				How related to deceased	

CAUSES OF DEATH

Primary	Premature	How long	6 hrs
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	179 Simpson
yes		Address	Ches. W. Town
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Flora Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ches. Centon Town 1 Cent County MARYLAND

Date of death 1909 Nov Month 12th Day Age 4 Years Months Days

Sex Female Color or Race Col Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Isaac Fletcher Father's Birthplace Ind

Mother's Maiden Name Addie Hyson Mother's Birthplace Ind

Name of person giving Information Father How related to deceased ✓

CAUSES OF DEATH

Primary Dysphoid fever How long 2 weeks

Immediate Toxæmia How long several days

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician H. G. Simpson

Address Ches. Centon

Accident or Suicide No

PHYSICIAN
OR CORONER

Chas L Dodd
Quaker Neck.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

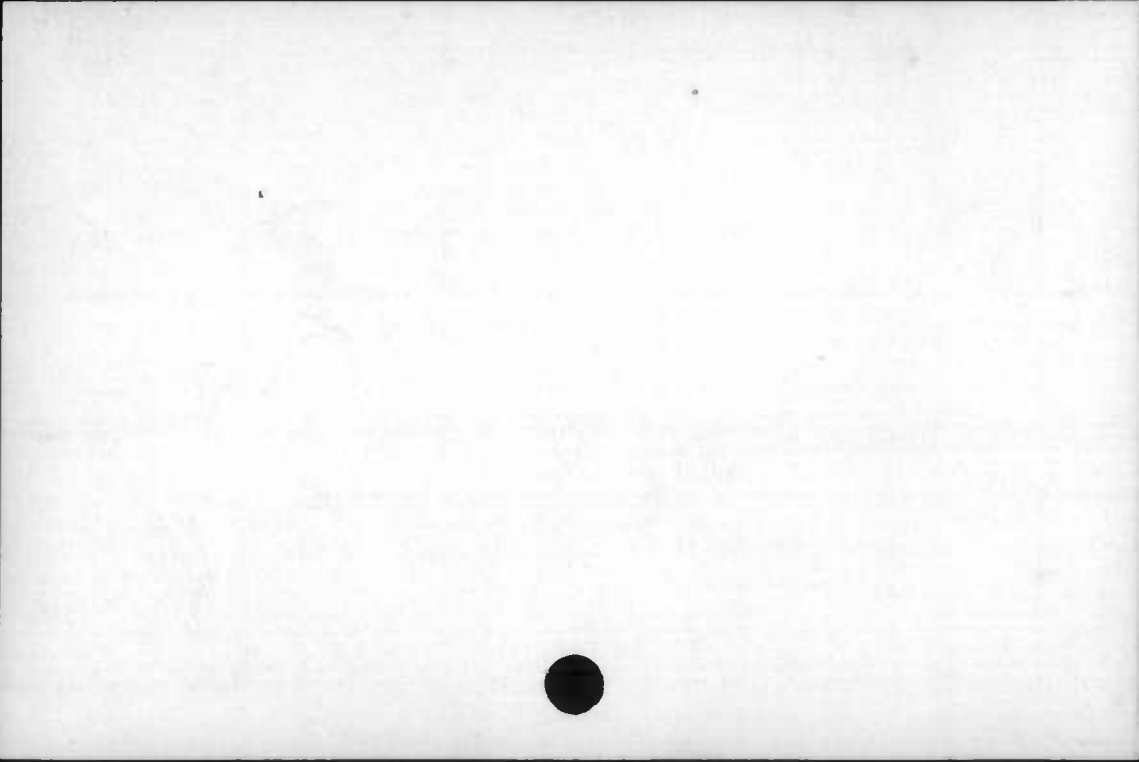
Died at <i>Rock Hall</i> <small>Town</small>		<i>Kent</i> <small>County</small>		MARYLAND	
Date of death <i>1909 Nov.</i> <small>Month</small>		<i>16</i> <small>Day</small>	<i>62</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>14</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore City</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Single</i>				
Father's Name <i>"Unknown"</i>		Father's Birthplace <i>"Unknown"</i>			
Mother's Maiden Name <i>"Unknown"</i>		Mother's Birthplace <i>"Unknown"</i>			
Name of person giving information <i>John Dempster</i>		How related to deceased <i>Not any</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>2 hours</i>
Immediate <i>Exhaustion</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Walter O. Selby</i>
	Address <i>Rock Hall, Md.</i>
Accident or Suicide?	



Name
in
Full

Olive Gertrude Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

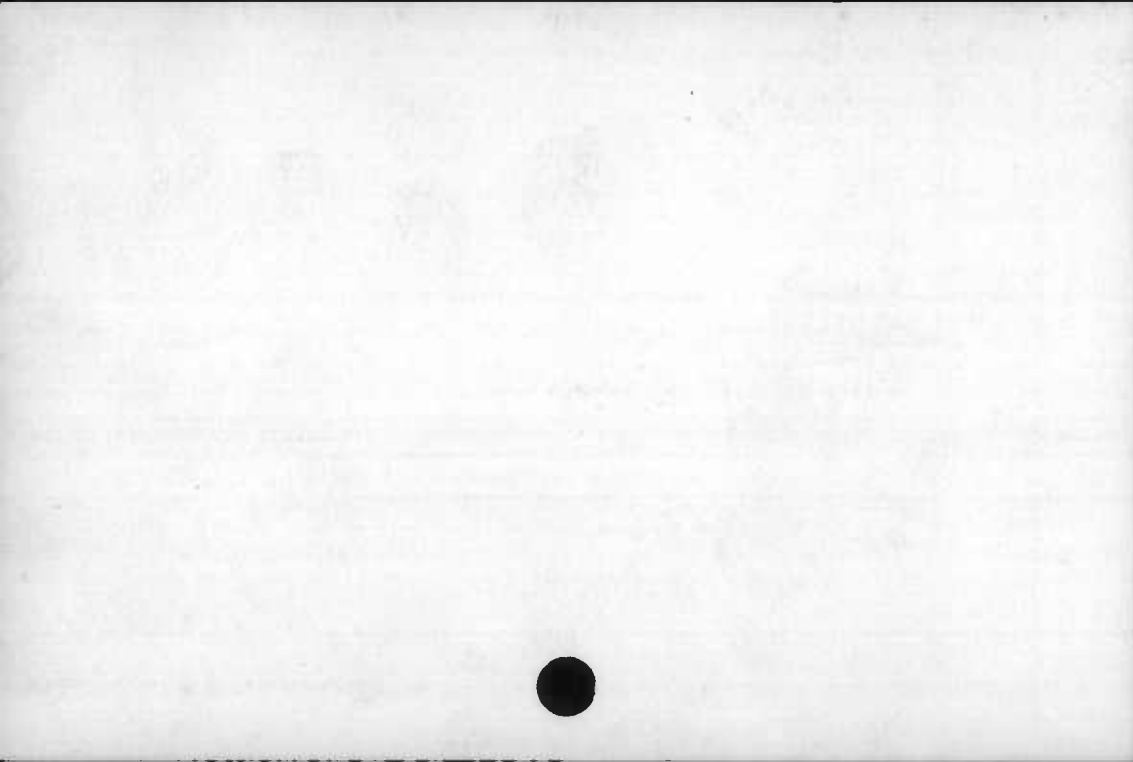
Died at <u>Rock</u> ^{Town}		<u>Kent</u> ^{County}		MARYLAND	
Date of death <u>1909</u>	Month <u>Nov</u>	Day <u>20</u>	Age <u>2</u> Years	Months <u>10</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Kent Co Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Samuel J. Harrison</u>	Father's Birthplace <u>Kent Co Md</u>				
Mother's Maiden Name <u>Bertha A. Collyer</u>	Mother's Birthplace <u>Kent Co Md</u>				
Name of person giving information <u>Samuel J. Harrison</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary <u>Membranous Croup</u>	How long <u>24 hours</u>
Immediate <u>Exhaustion</u>	How long <u>One hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walter J. Kelly M.D.</u>
	Address <u>Rock Hall, Md.</u>
Accident or Suicide?	



Name
in
Full

Elizabeth S. Hessner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Schmedyville* ^{County} *Hent* **MARYLAND**

Date of death *1909* ^{Month} *Nov* ^{Day} *25* ^{Years} *22* ^{Months} *-* ^{Days} *-*

Sex *female* Color or Race *white* Birth-place *Hent Co Md*

Occupation *Nurse* Where Residing if not at place of death *- - -*

Married, Single or Widowed *Single* Name of Wife or Husband *- - -*

Father's Name *Charles H. Herner* Father's Birthplace *Germany*

Mother's Maiden Name *Augusta Hamilton* Mother's Birthplace *U. S.*

Name of person giving Information *Catherine Hessner* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Consumption* How long *2 years*

Immediate *Exhaustion* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Jan. W. White M.D.* Address *Kennedyville Md*

Accident or Suicide

Galeua

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Harriet Hicks
Town *Harrodsburg* County *Rockcastle*

MARYLAND

Date

of death 190

9 11 9 Age 46

Sex

Female

Color of
Race

White

Birth-
place

2200

Occupation

Housewife

Where Residing if not
at place of death

Married ~~Single~~
or ~~Widowed~~

Name of Wife or
Husband

Father's
Name

Edw. Seales

Father's
Birthplace

Kentucky

Mother's
Maiden Name

Elly Seales

Mother's
Birthplace

11

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

179

Primary

Heart failure

How long

8 minutes

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. C. C. 46

Address

1111 1/2 E. 1st St.

Accident or Suicide

PHYSICIAN
OR CORONER

this woman died without
any Physician in attendance
died very sudden

Evidence from her husband
Daker Hicks

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Norris Lewis Hoffman
Died at *Near Horton* ^{Town} *Kent* ^{County}

MARYLAND

Date of death *1909* ^{Month} *Nov* ^{Day} *6* ^{Years} *—* ^{Months} *—* ^{Days} *7*

Sex *Male* Color or Race *White* Birth-place *Near Horton*

Occupation *Infant* Where Residing if not at place of death *Near Horton*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *John Lewis Hoffman*

Father's Birthplace *Baltimore*

Mother's Maiden Name *Emma Busch*

Mother's Birthplace *Baltimore*

Name of person giving Information *John Lewis Hoffman*

How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Immature birth*

How long *Born at 6 mo gestation*

Immediate *Immature Birth*

How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. Benge Simmons*

Address *Chester town Md.*

Accident or Suicide *No*

Chas Dodd

Chester County •

Name
in
Full

Elmina Evaluna Jones

CERTIFICATE OF DEATH

Died at Chestertown Kent County MARYLAND

Date of death 190 9 Month Nov. Day 29 Age 79 Months — Days —

Sex Female Color or Race White Birth-place Md.

Occupation Housekeeper Where Residing if not at place of death Died at home.

~~Married~~, Single — Name of Wife or Husband —

Father's Name John Jones Father's Birthplace Cecil Co., Md.

Mother's Maiden Name Mary Ford Mother's Birthplace "

Name of person giving Information Geo. D. Jones How related to deceased Brother

CAUSES OF DEATH

Primary Pulmonary Tuberculosis

Immediate Asthenia, heart failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Harry L. Doo-Chestertown, Md.Accident or SuicideTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

27

How long

How long

Charles Doda
Chester County

Name
in
Full

Mary Jane Moore
Town Rock Hall County Kent.

CERTIFICATE OF DEATH

MARYLAND

Died at Rock Hall

Date

of death

1909

Month Nov.

Day

29.

Age

Years 57

Months 8

Days

Sex

Female

Color or
Race

White

Birth-
place

Kent Co 2nd.

Occupation

Housewife

Where Residing if not
at place of death

—

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Phillip H. Moore

Father's
Name

John A. Freeman

Father's
Birthplace

Kent Co 2nd.

Mother's
Maiden Name

Virginia Copes

Mother's
Birthplace

Kent Co 2nd.

Name of person giving
Information

John Moore

How related
to deceased

Son

CAUSES OF DEATH

Primary

Cerebral Apoplexy

How long

4 days

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Address

Frank W. Smith
Chesapeake
2nd

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mary E Reiley* Town *Galena* County *Kent.* MARYLAND

Died at *Galena*

Date of death 1909 *Nov.* Month *22* Day Age *46 yrs.* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Durham Co.*

Occupation *House work.* Where Residing if not at place of death

Merriad, Single or Widowed *Married.* Name of Wifa or Husband *Perry J Reiley*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Henrietta Goldborough* Mother's Birthplace *Durham Co*

Name of parson giving Information *Perry J Reiley -* How related to deceased *Husband.*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

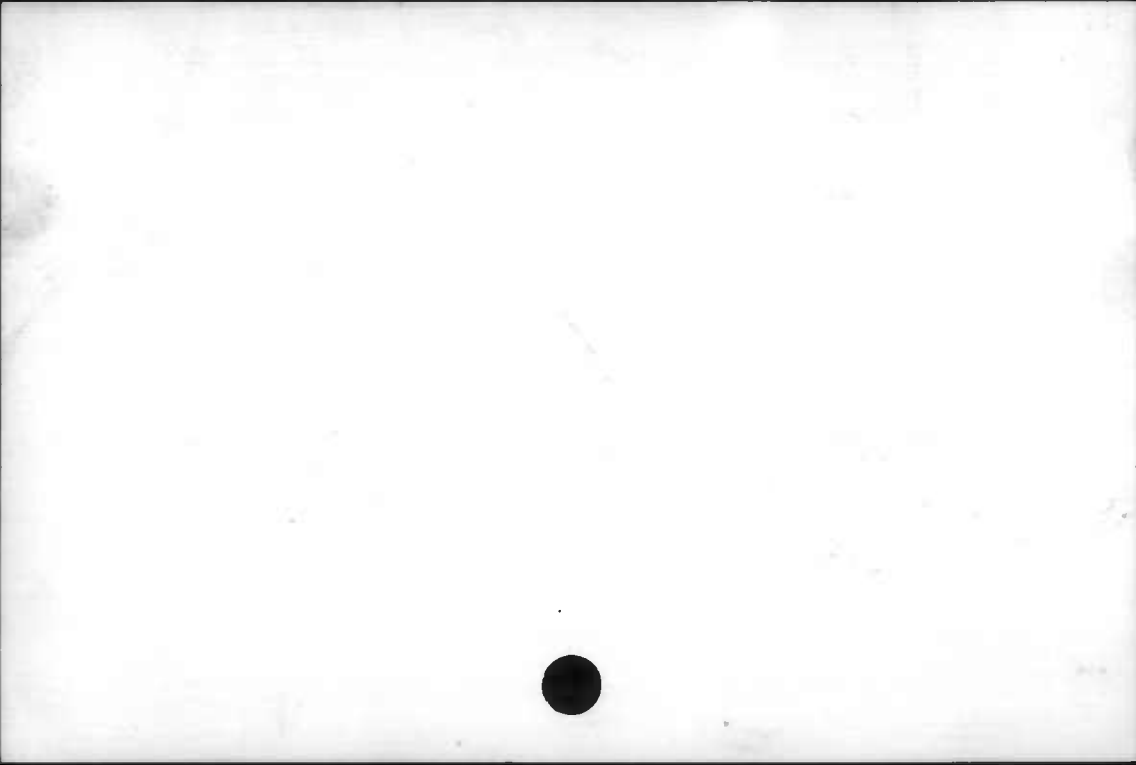
Primary *Tuberculosis* *apparent cause* *Natural Causes* How long *27* *1 week.*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo. R. Jones M. D.* Address *Galena Md.*

Accident or Suicide



Name
in
Full

Clarence Shaw.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

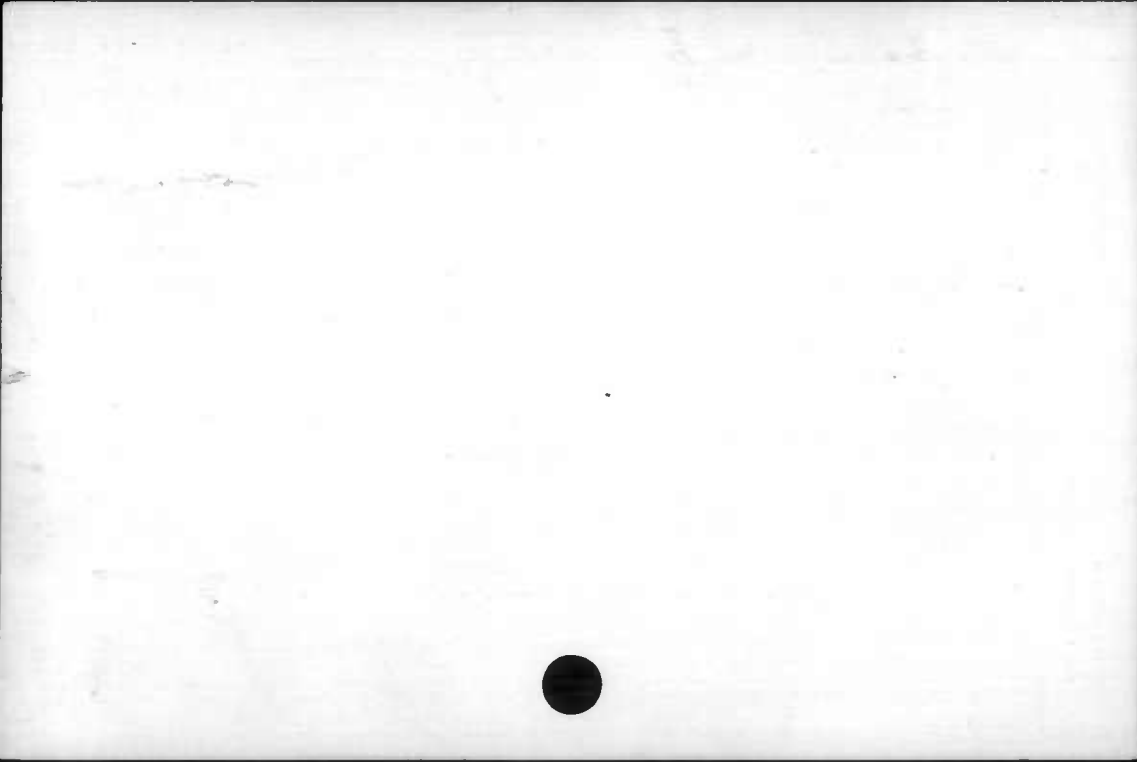
Died at <i>Massey</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>Nov</i> ^{Month}	<i>15</i> ^{Day}	Age	<i>19</i> ^{Months}	^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Co., Md.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>David James Shaw</i>	Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Fannie L Beese</i>	Mother's Birthplace <i>Delaware</i>				
Name of person giving Information <i>Father</i>		How related to deceased			

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary <i>Catarrhal jaundice</i>	How long <i>12 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm Jeter M.D.</i>
	Address <i>Millington, Maryland.</i>
Accident or Suicide	



Name
in
Full

Arthur Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mar Chestnut Kent County
Date of death 190 9 Nov 2 Age 5 5 Months 5 Days 5
Sex Male Color or Race Negro Birth-place Md.
Occupation _____ Where Residing if not at place of death _____

Married, Single _____ Name of Wife or _____
or Widowed _____ Husband _____

Father's Name Henry Stewart

Father's Birthplace Md.

Mother's Maiden Name Cara Collins

Mother's Birthplace Md.

Name of person giving Information Henry Stewart

How related to deceased Father.

CAUSES OF DEATH

(93)

Primary Pneumonia How long 10 days.
Pulmonary Edema How long one day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Harry L. Dodge

Address Chestnut, Md.

PHYSICIAN
OR CORONER

Chas L Dodd
Quaker Neck.

Name
in
Full

CERTIFICATE OF DEATH

Viola Thompson

Town

County

MARYLAND

Died at *Fairlee*

Years

Months

Days

Date of death *1909 Nov.*

Day *10*

Age *2*

Months *4*

Days *1*

Sex *Female*

Color or Race

African

Birth-place

md

Occupation

none

Where Residing if not at place of death

Married, Single or Widowed

S.

Name of Wife or Husband

Father's Name

Edward Thompson

Father's Birthplace

Keese md

Mother's Maiden Name

Ada Cotton

Mother's Birthplace

Keese md

Name of person giving Information

Edward Thompson

How related to deceased

father

CAUSES OF DEATH

Primary

Hydrocephalus

How long

1 1/2 years

Immediate

Convulsions

How long

5 days

Are the name, age, sex, color, data and place correctly given above?

yes
sw

Signature of Physician

Address

Frederick Smith
Chertown
md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

130

Charles Todd
Fairlee

Name
in
Full

CERTIFICATE OF DEATH

Henrietta Waller;

Town

County

MARYLAND

Died at *near Chestertown*

Date of death 1909

Month

Day

Years

Months

Days

Nov

4

Age

64

Sex

Female

Color or
Race

Black

Birth-
place

Ind

Occupation

Inmate almshouse

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Wm Waller

Father's
Birthplace

Ind

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Name of person giving
Information

Wm

Waller

How related
to deceased

Bro

CAUSES OF DEATH

45

Primary

Cancer of left leg between knee + foot

How long

How long

Immediate

Hemorrhage

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*Chas W Waland M.D.
Chestertown Md.*

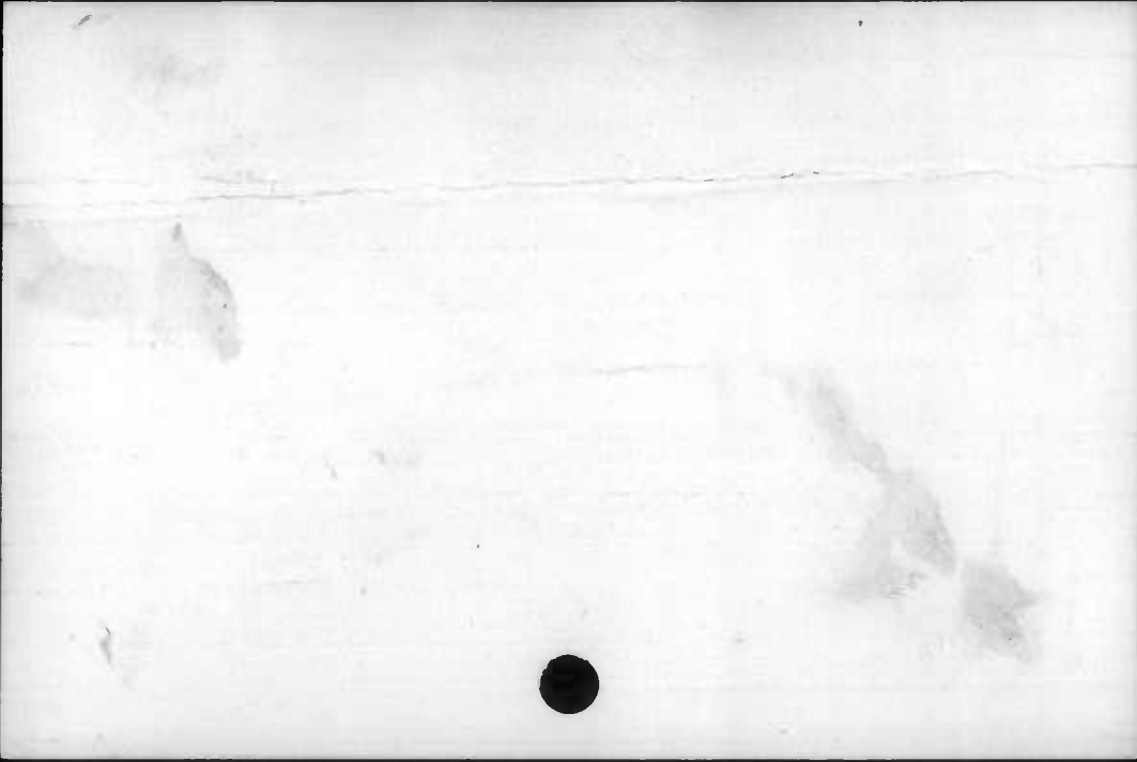
Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Johnson

Name in Full Benjamin Harwich		Town Massy		County Hent Co.		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month Nov.		Day 13th		Years 58		Months 1	
Sex Male		Color or Race Black		Birth-place Hills Branch Md.		Days	
Occupation Labour		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband Susie Harwich.					
Father's Name Benjamin Harwich.		Father's Birthplace Deen Anne Co. Md.					
Mother's Maiden Name Sarah Jane Wilmer		Mother's Birthplace Maryland.					
Name of person giving information Susie Harwich.		How related to deceased Wife.					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		120			
PHYSICIAN OR CORONER		Primary Chronic Nephritis		How long 2 years.			
		Immediate Adema of the lungs		How long 2 days.			
		Are the name, age, sex, color, date and place correctly given above? Yes.		Signature of Physician Geo. R. Jones M.D.			
				Address Galena Md.			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

Martha Washington

Town

County

MARYLAND

Died at

Mt. Airy

Kear.

Date

of death

1909

Month

Nov.

Day

11

Year

Age

Months

Days

45

Sex

Female

Color or
Race

African

Birth-
place

W.D.

Occupation

Housework

Where Residing if not
at place of death

Married, Single
or Widowed

M.

Name of Wife or
Husband

George Washington

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

unknown

Mother's
Birthplace

unknown

Name of person giving
Information

Res. Washington

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Chronic Nephritis

How long

1 year

Immediate

exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Frank Smith

Address

Christown St.
S.D.

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Melutota

Hicks F. D.